

Name
in
Full

George Albright

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1906	April	21	Age
Sex	Color or Race	Birth-place	
Male	White	Sonacorning	Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Sonacorning
Brigit	Hiram Albright	Sonacorning	Sonacorning
Father's Name	Mother's Maiden Name	Mother's Birthplace	Sonacorning
	Agnes Scollick	Sonacorning	Sonacorning
Name of person giving information	Hiram Albright	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Prematurity (51)

How long

2 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

James Q. Bullock M.D.
Sonacorning
Maryland

Accident or Suicide?

No



Name
in
Full

Elizabeth Arnold

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	April	22	81	4	11
Sex	Color or Race	White	Birth-place		
Female		Bavaria Germany			
Occupation	Where Residing if not at place of death			Wach Blvd Home	
Married, Single or Widowed	Name of Wife or Husband				dear
Widow					
Father's Name				Father's Birthplace	Er
Mother's Maiden Name				Mother's Birthplace	Er
Name of person giving Information	Louisa German			How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dribility - Jaqr (154)

How long

1 yr

Immediate

Exhaustion

How long

dy

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Lov. Broadway
Cumberland Md.

Accident or Suicide?

S. Stens



Name
in
Full

Annie Dinnix

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Allegany		MARYLAND
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	H. H.	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband			
Father's Name		Father's Birthplace		
Mother's Maiden Name	Annie Morris	Mother's Birthplace	md	
Name of person giving information	James Fuller	How related to deceased	son-in-law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	(64)	How long
Immediate	Shopley	3 hours.
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	Dr W. M. Lane Frostburg Md.
Accident or Suicide?		

GfWn



Name
in
Full

Zeray A. Beank

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at Frostburg	Frostburg				
Date of death 1906	Month 4	Day 19	Age 22	Years	Months Days
Sex Female	Color or Race white			Birth-place	Frostburg
Occupation 1840.	Where Residing if not at place of death				
Married, Single or Widowed married	Name of Wife or Husband John Blank			Father's Birthplace	Frostburg
Father's Name Jos Davis				Mother's Birthplace	Eng.
Mother's Maiden Name Lucy Frostburg				How related to deceased	Husband
Name of person giving Information John Blank 33					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Purpural form Tuberculosis	How long	4 months
Immediate	Multifocal Obstruction - Emphysema	How long	3 years
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	D. G. Grier
		Address	Frostburg Md.
Accident or Suicide?			

your
aeey

Name
in
Full

Francis M Cain

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	Apr	27	—	—	3
Sex	Female	Color or Race	White	Birth-place	Cumberland
Occupation	Where Residing if not at place of death			—	
Married, Single or Widowed	Name of Wife or Husband			—	
Father's Name	Clarence B Cain (150)			Father's Birthplace Berkely Mass	
Mother's Maiden Name	Edith Thompson			Mother's Birthplace "	
Name of person giving information	Clarence B Cain			How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Failure of Closure

How long

2 ds.

Immediate

of Foramen Oval

How long

"

Are the name, age, sex, color, date and place correctly given above?

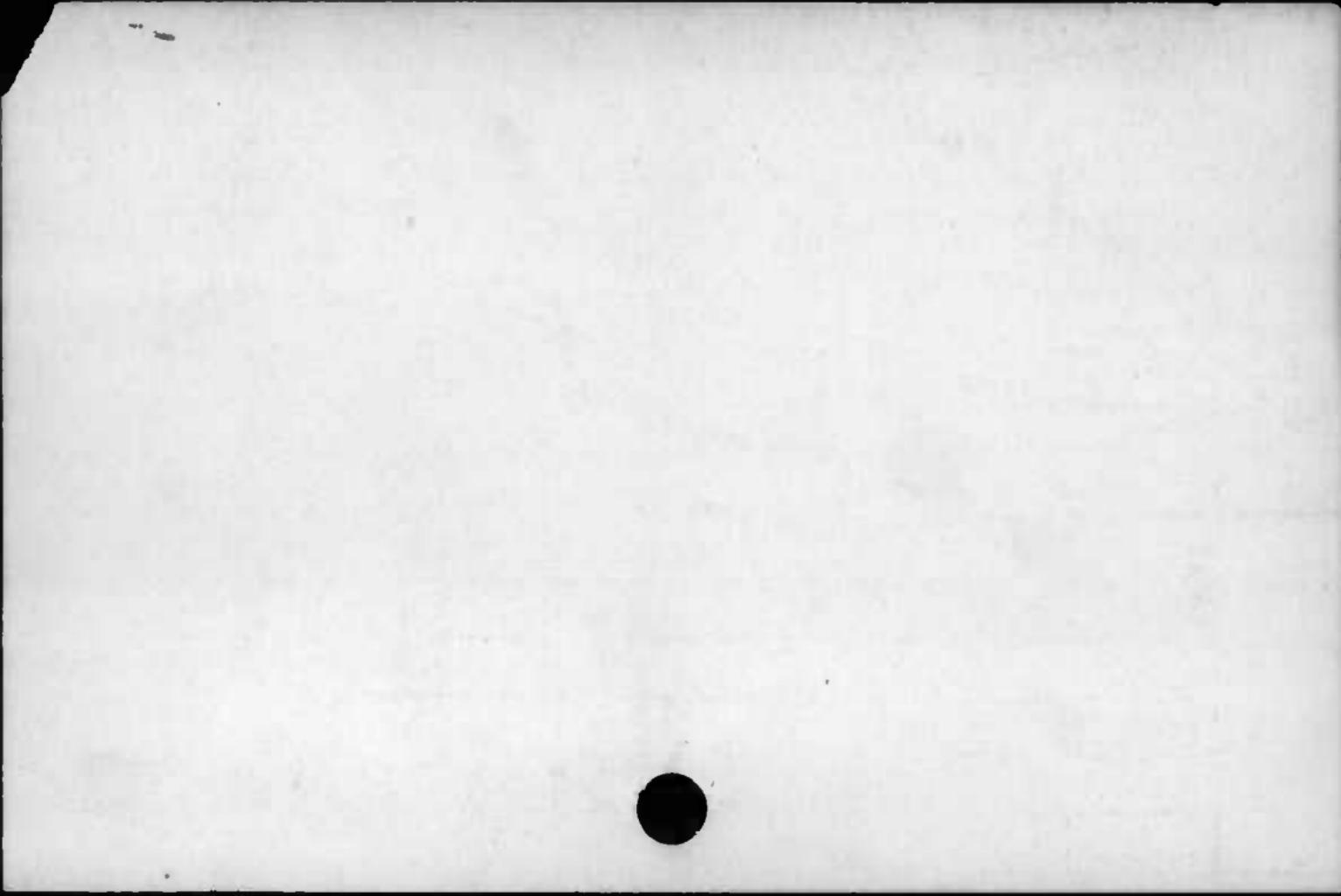
Signature of Physician

LOUIS STEIN.

Address

Dr C B Claybrook
Cumberland
Md.

Accident or Suicide?



Name
in
Full

Thomas Leader

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	State	Age	Birth- place	Place of Death
Married, Single or Widowed	Occupation				
Name of Wife or Husband	Lola Leader				
Father's Name	John Leader				
Mother's Maiden Name	Lola Leader				
Name of person giving Information	Miss Leader				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Mania

179

How long

Immediate

X

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. B. Shupe
Westport

Accident or Suicide?

~~2 8~~
~~9 00~~
~~2 80~~
~~3 610.~~

~~1325~~
~~130~~
~~1195~~

Name
in
Full

John Cassidy

CERTIFICATE OF DEATH

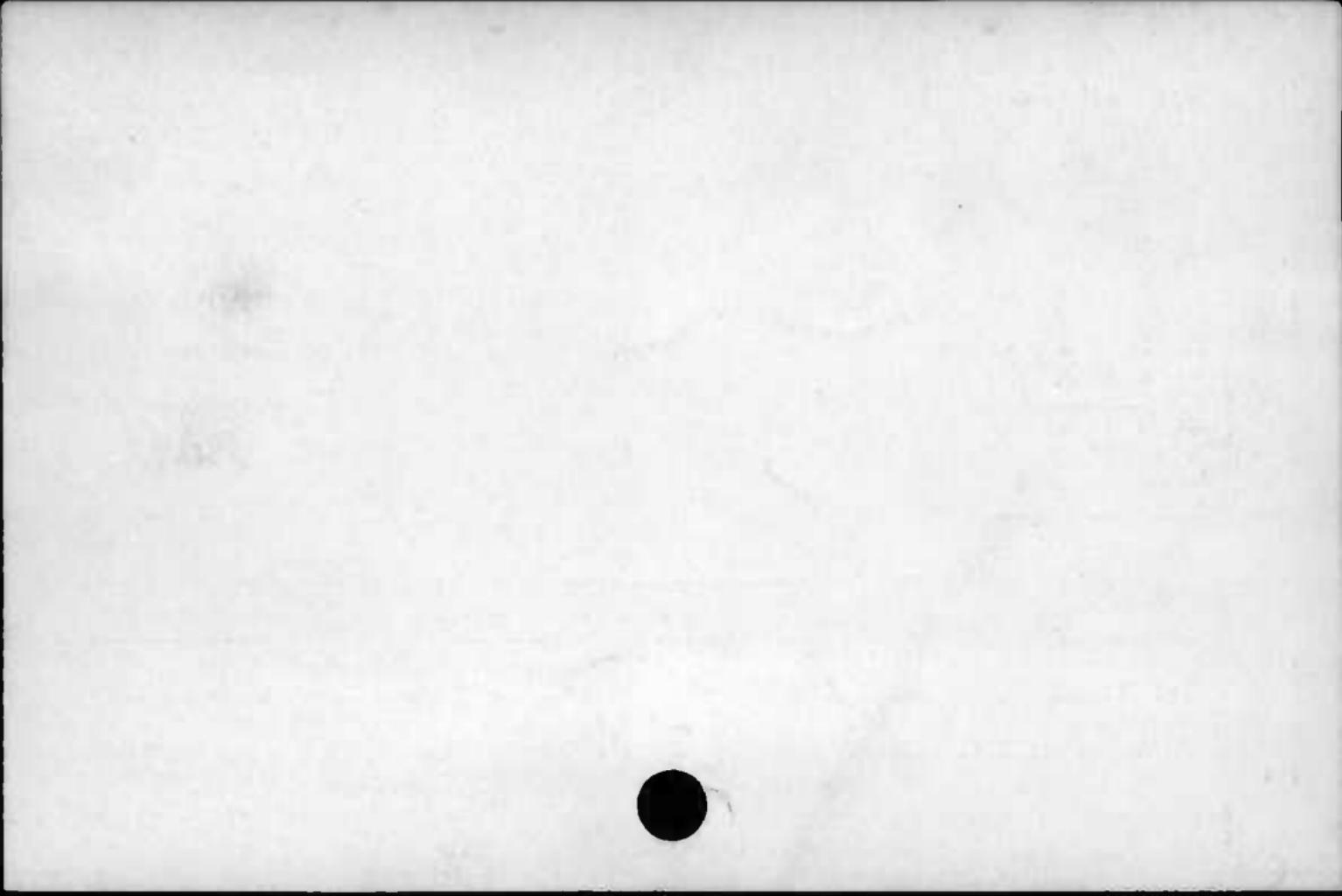
To BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at <u>Emmold</u>	County <u>Allegany</u>				
Date of death <u>1906</u>	Month <u>Apr</u>	Day <u>22</u>	Years <u>20</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>Ireland</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>none</u>				
Father's Name <u>—</u>	Father's Birthplace <u>—</u>				
Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>Peter Wilson</u>	How related to deceased <u>Steward always</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age	(154)	How long
Immediate	Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?	Yd.	Signature of Physician	Dr Wm. F. Twigg.
		Address	Emmold Twigg Md.
LOUIS STEIN.			
Accident or Suicide?			



Name
in
Full

Nettie Cheney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Cumberland		Town	County	MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Cumberland	
Occupation	Housewife					Where Residing if not at place of death
Married, Single or Widowed	Mariish	Name of Wife or Husband	Richard B. Cheney			
Father's Name	William Nicholas					Father's Birthplace
Mother's Maiden Name	Mary Martin					Mother's Birthplace
Name of person giving information	Richard Cheney					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis How long 3 months

Immediate Exhaustion How long 1 day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Eff White
Cumberland Md

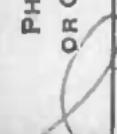
Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Cale

CERTIFICATE OF DEATH

MARYLAND

Died at Frostburg Town Allegany County
Date of death 1906 Month Day Years Months Days
Age — — — — — —

of Aka. 23

Sex Male Color or Race Colored

Occupation —

Age —

Where Residing if not
at place of death

Birth-
place

Frostburg Md Days

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Ginger Cale

Father's
Birthplace

Frostburg

Mother's
Maiden Name

Hestcher

Mother's
Birthplace

Frostburg

Name of person giving
Information

Frederick Shantz

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Scrofula

(28)

How long

Several months

Immediate

Tubercular meningitis

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. Cobey
Frostburg Md

Accident or Suicide?

No



Name
in
Full

Elizabeth Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Mt Savage

Allegany

MARYLAND

Date
of death 190

Month

Day

Years

Months

Days

6 April

Age 18

2

Days

Sex

Female

Color or
Race

White

Birth-
place

Mt Savage

Married, Single
or Widowed

Single

Occupation

Housgirl

Name of Wife or
Husband

Father's
Name

Silas Collins

Father's
Birthplace

Pa

Mother's
Maiden Name

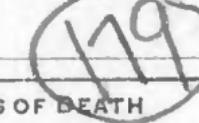
Martha Bennett

Mother's
Birthplace

Ind

Name of person giving
Information

How related
to deceased



CAUSES OF DEATH

Primary

Severe Coughing spell

How long

a few minutes

Immediate

Heart Failure

How long

a few minutes

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

F. Alan G. Murray

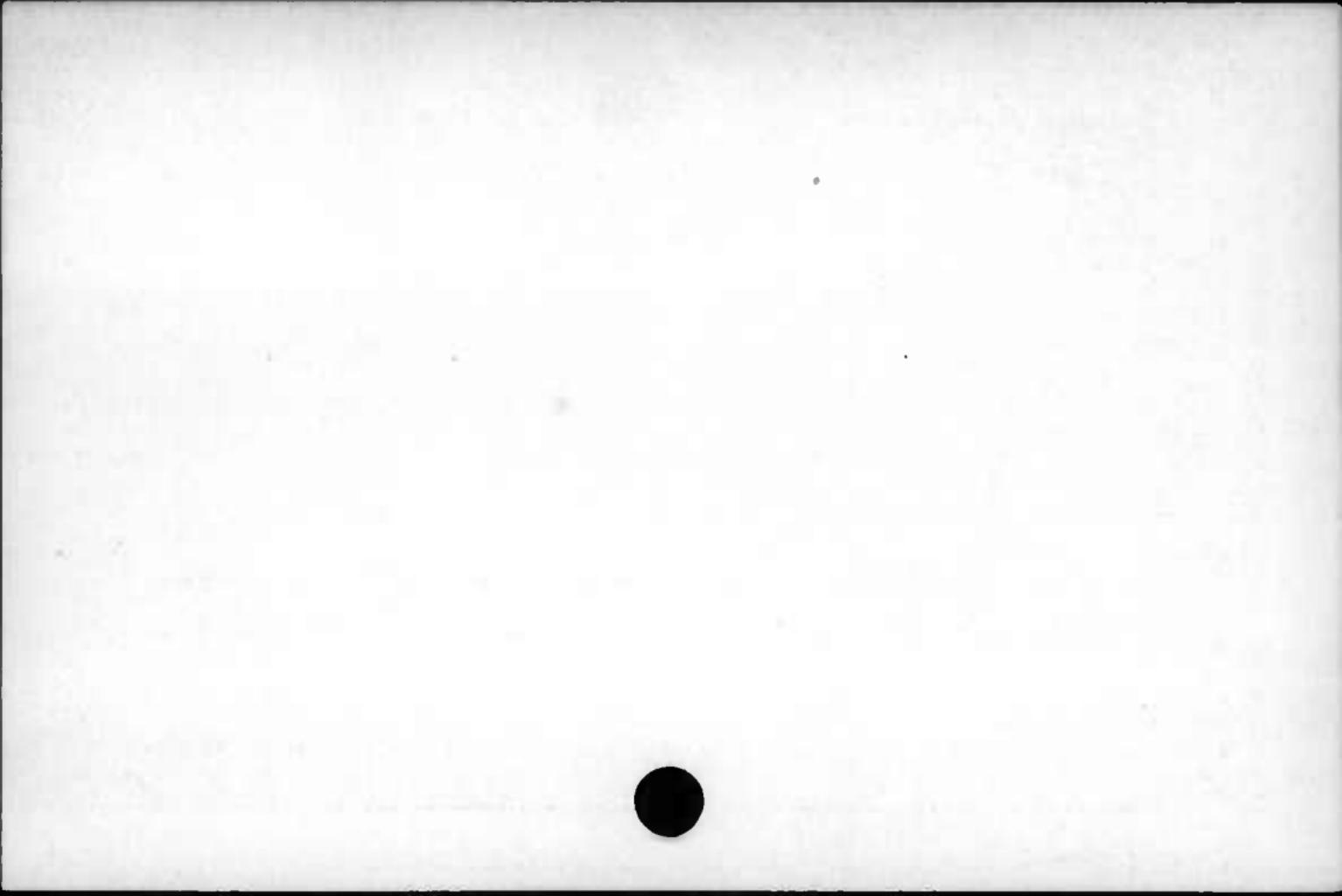
Address

Mt Savage Ind

PHYSICIAN
OR CORONER

Accident or Suicide?

Accident



Name
in
Full

Chas. A. Cook

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	about	Years	Months	Days	
1906	4	10	about	25	—	—	
Sex	Male	Color or Race	White		Birth-place	—	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		— Cook —					
Mother's Maiden Name							
Name of person giving information		How related to deceased					

CAUSES OF DEATH

Primary

Killed by cars

How long

160

immediat-

Immediate

How long

✓
PHYSICIAN
OR CORONER

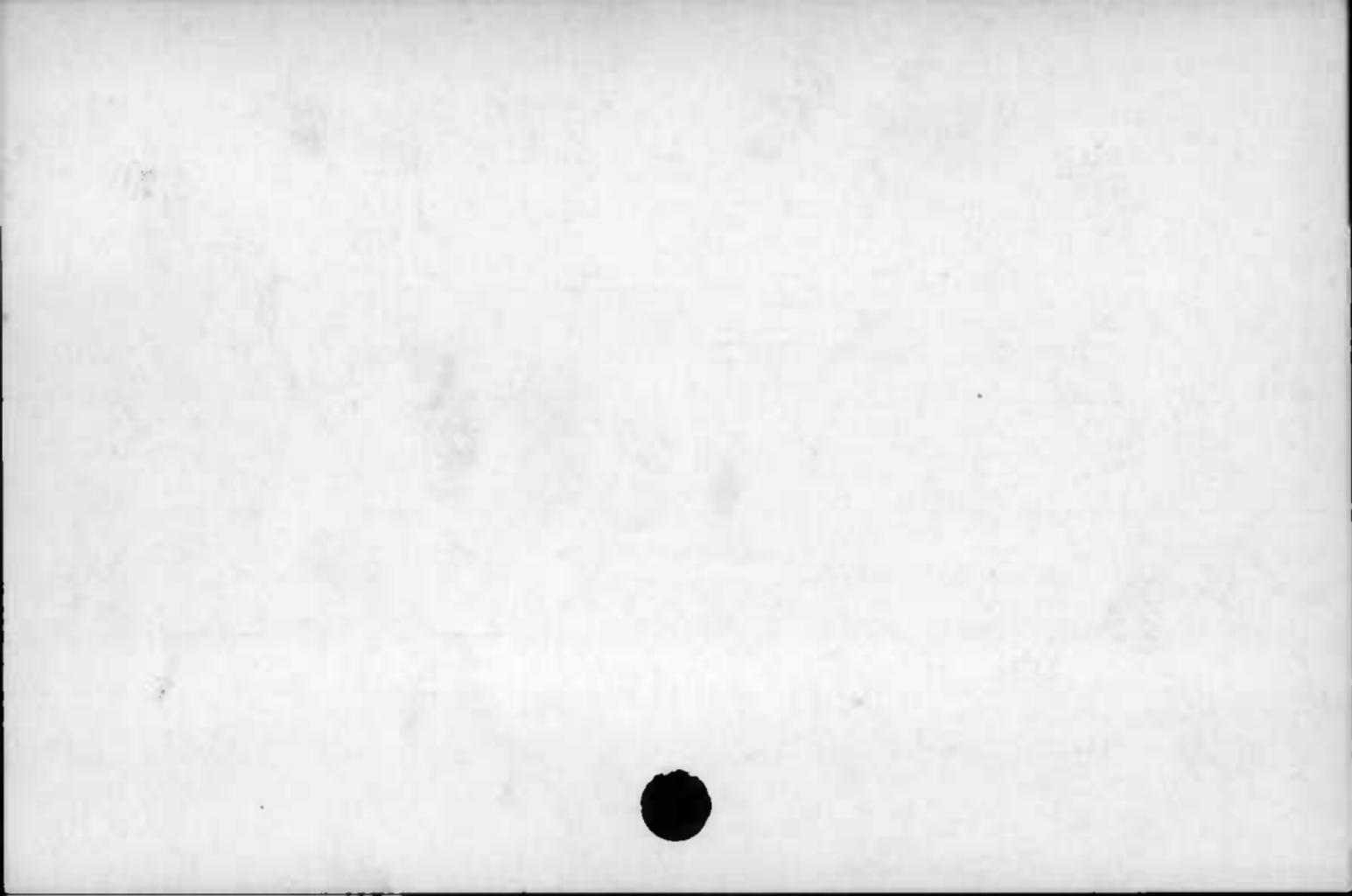
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Chas. A. Cook
1311 Lombard St.
Columbia Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	1906 Apr 5	Years	Days
Sex	Female	Color or Race	White
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving Information	How related to deceased		

Mr. Spragg Leesbury

Macie Salvant S

Lugay C. Browning

Aug. 5. 1906

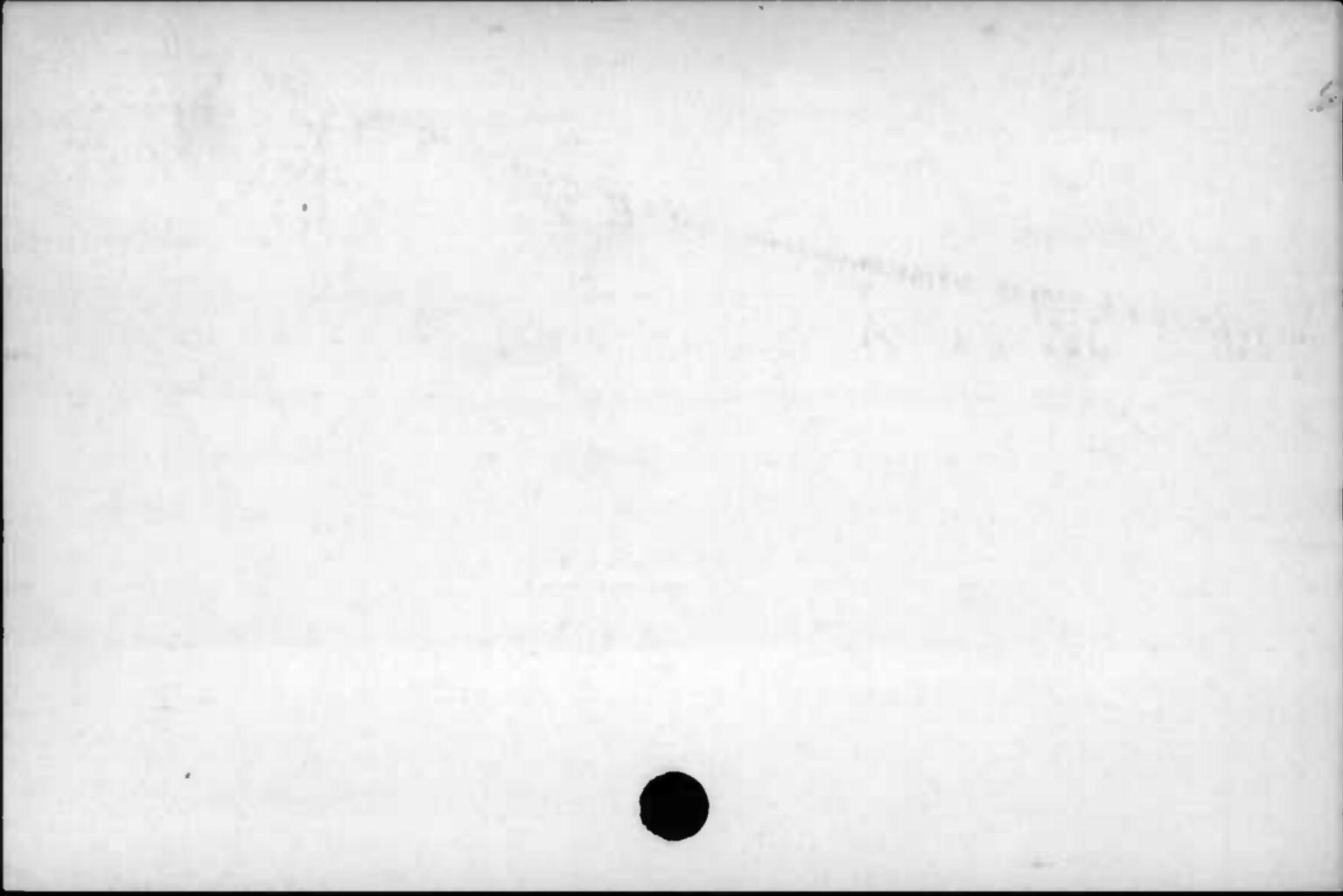
for deceased

Pray, no

Father

CAUSES OF DEATH

Primary	Prolonged Labor	How long	1 day
Immediate	Retention of placenta	How long	1 day
Are the name, age, sex, color, date and place correctly given above?			
Signature of Physician		Address	
Dr. Edward Lumbard		Mr. Spragg Jr.	
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month Day	Years	Months	Days
Sex	Male	Color or Race	Birth-place	England
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Amelia Crump	
Father's Name	William Crump			
Mother's Maiden Name	Ann Crump			
Name of person giving Information	Samuel Green			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Smileability

(10)

How long

several years

Immediate

Gaster-enteritis

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address



Accident or Suicide?

No

J & F C

Alley

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1906	Month Apr	Day 12	Years 72	Months	Days	
Sex	Male	Color or Race	White	Age	Birth-place		
Occupation	Carpenter		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Caroline Dawson				
Father's Name	John Dawson		Father's Birthplace				
Mother's Maiden Name	Agnesine Bepler		(20)	Mother's Birthplace			
Name of person giving information	Perry Neuner		How related to deceased				

CAUSES OF DEATH

Primary

Bright's disease

How long

2 years

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

yes

Address

J. Colby
Frostburg MdPHYSICIAN
OR CORONER

Accident or Suicide?

J

at at

(win)

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Letha May Dremmer
Died at Huntingport Town Allegheny County
Date of death 1906 Month 4 Day 5 Age 21 Years
Sex female Color or Race white Birth-place Hpt.

CERTIFICATE OF DEATH

MARYLAND

Married, Single
or Widowed

single

Occupation

Name of Wife or Husband

Father's Name

Mother's Maiden Name

Name of person giving information

John Dremmer

Lillian

John

Father's Birthplace

Mother's Birthplace

How related to deceased

Cumberland

Po

Father

CAUSES OF DEATH

Primary

Stomachitis

100

How long

3 days

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

D. J. Long
Pediment
Mo

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Catherine Dill

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1906	Apr	16	76	-	-	
Sex	Female	Color or Race	White	Birth-place	Germany	
Occupation	Wife		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Husband	Christopher Dill			
Father's Name	— — —		Father's Birthplace			
Mother's Maiden Name	— — —		Mother's Birthplace			
Name of person giving Information	Christopher Dill		How related to deceased	Husband		

PHYSICIAN
OR CORONER

Primary

Dehydration



How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

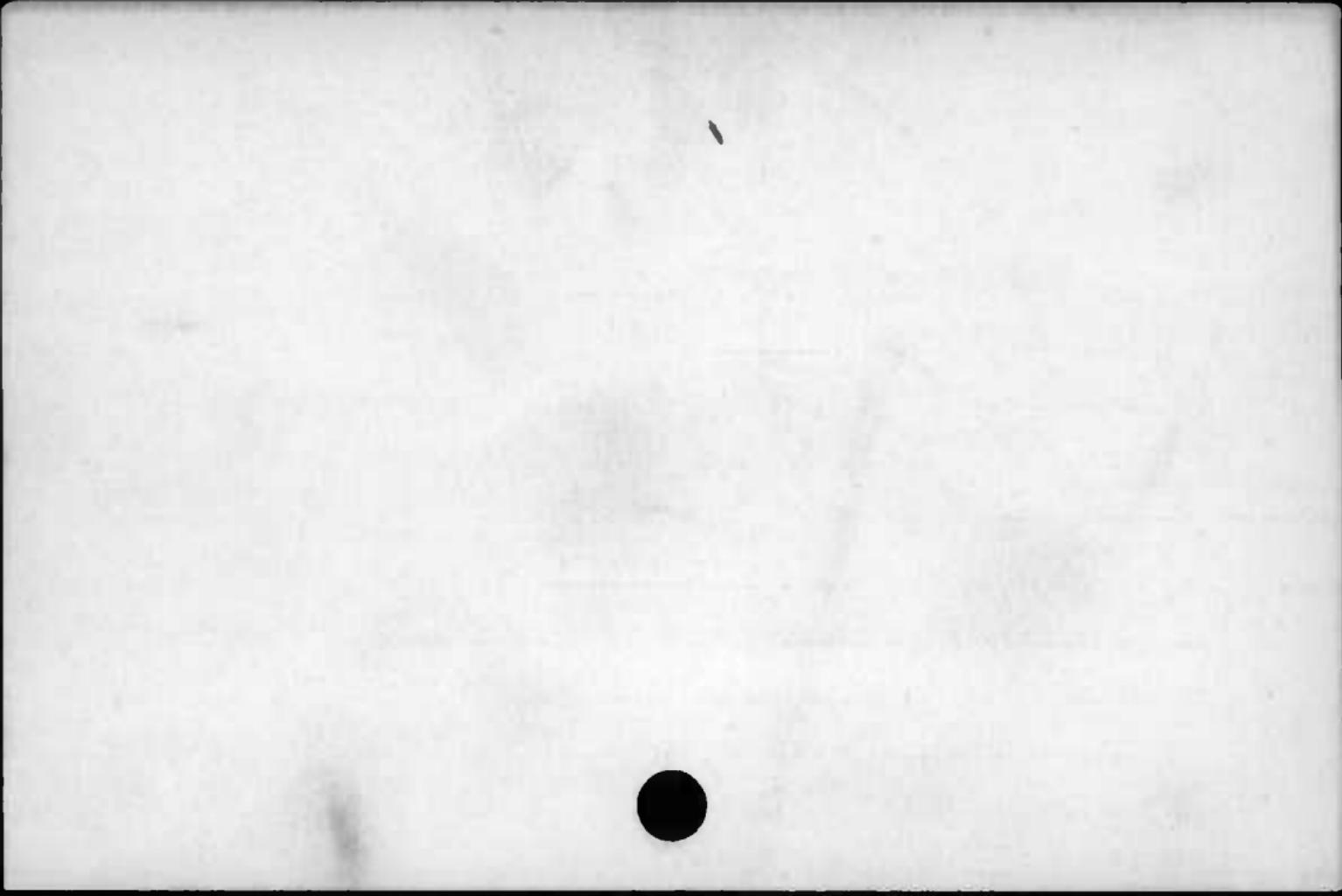
Signature of Physician

Address

Dr Jas G Johnson
1010 Cumberland
Md.

Accident or Suicide?

LOUIS STEIN.



Name
in
Full

John J. Eagan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Wellington	allegany.	
Date of death	Month	Day	Years Months Days
1906	4	3	Age 27 7 5
Sex	Male	Color or Race	White Birth-place
Occupation	Retail Miner		
Married, Single or Widowed	Where Residing If not at place of death		
Single			
Father's Name	Michael Eagan		
Mother's Maiden Name	Mary McDade		
Name of person giving information	Jugie Eagan		

PHYSICIAN
OR CORONER

Dr Wilson

CAUSES OF DEATH

Primary

Pulerculosis



How long

1 year

Immediate

i

How long

Are the name, age, sex, color, date and place correctly given above?

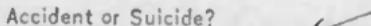
yes.

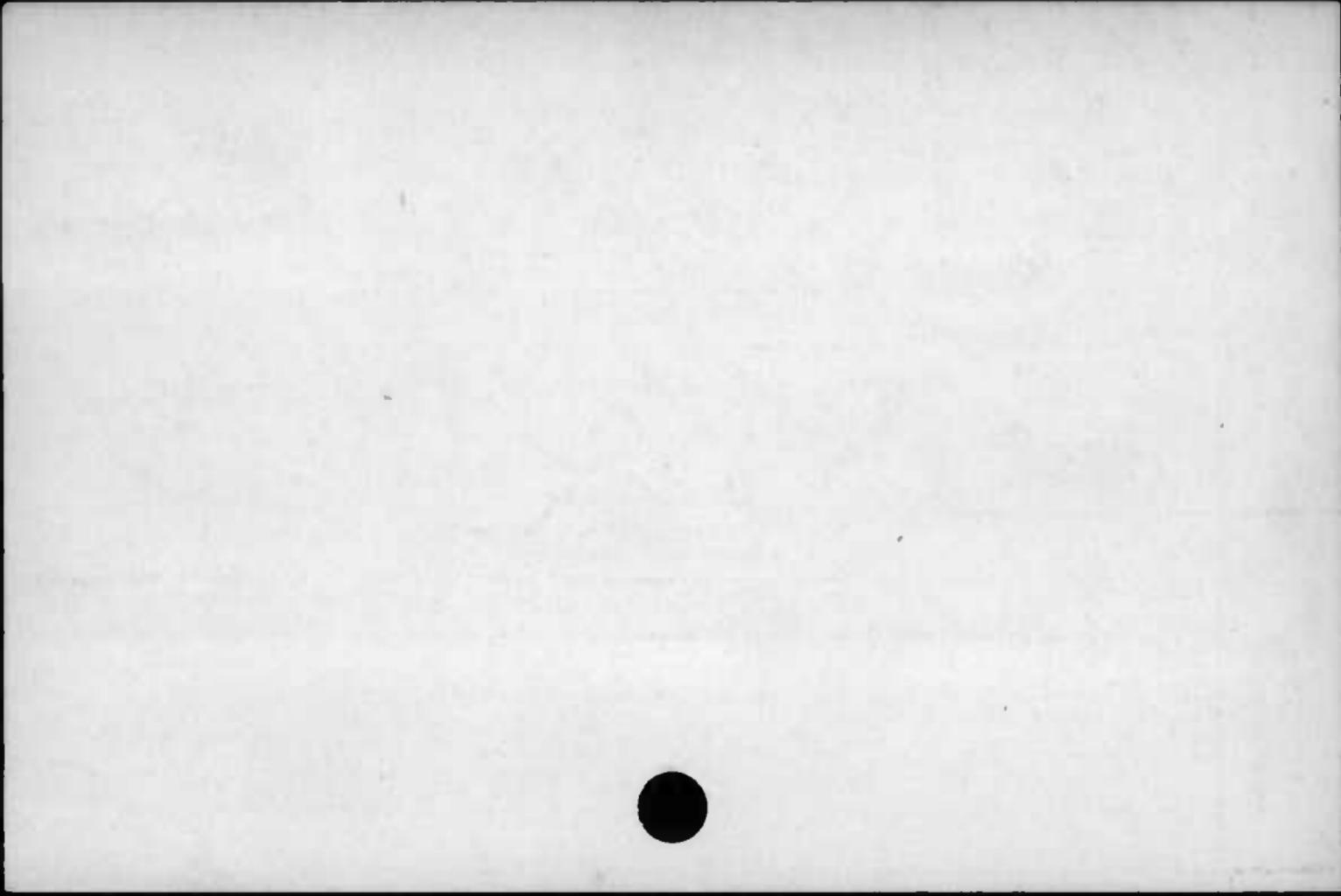
Signature of Physician

Address

J. R. Wilson
Pinehurst & 15th

Accident or Suicide?





Name
in
Full

George W. Eichner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Cumberland</u>		County <u>allegany</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Apr</u>	Day <u>8</u>	Age <u>36</u>	Years <u>3</u>	Months <u>3</u> Days <u>H</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Cumberland</u>			
Occupation <u>R.R. Brakeman</u>		Where Residing if not at place of death <u>-</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>-</u>				
Father's Name <u>-</u>	Father's Birthplace				
Mother's Maiden Name <u>Oristina</u>	Mother's Birthplace				
Name of person giving information <u>Ed. J. Eichner</u>	How related to deceased <u>Brother</u>				

CAUSES OF DEATH

Primary

Meningitis

(61)

How long

13 wks.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Dr. Thos. McDonald

Address

Cumberland

Md.

LOUIS STEIN.

Accident or Suicide?



Name
in
Full

Patria Follie

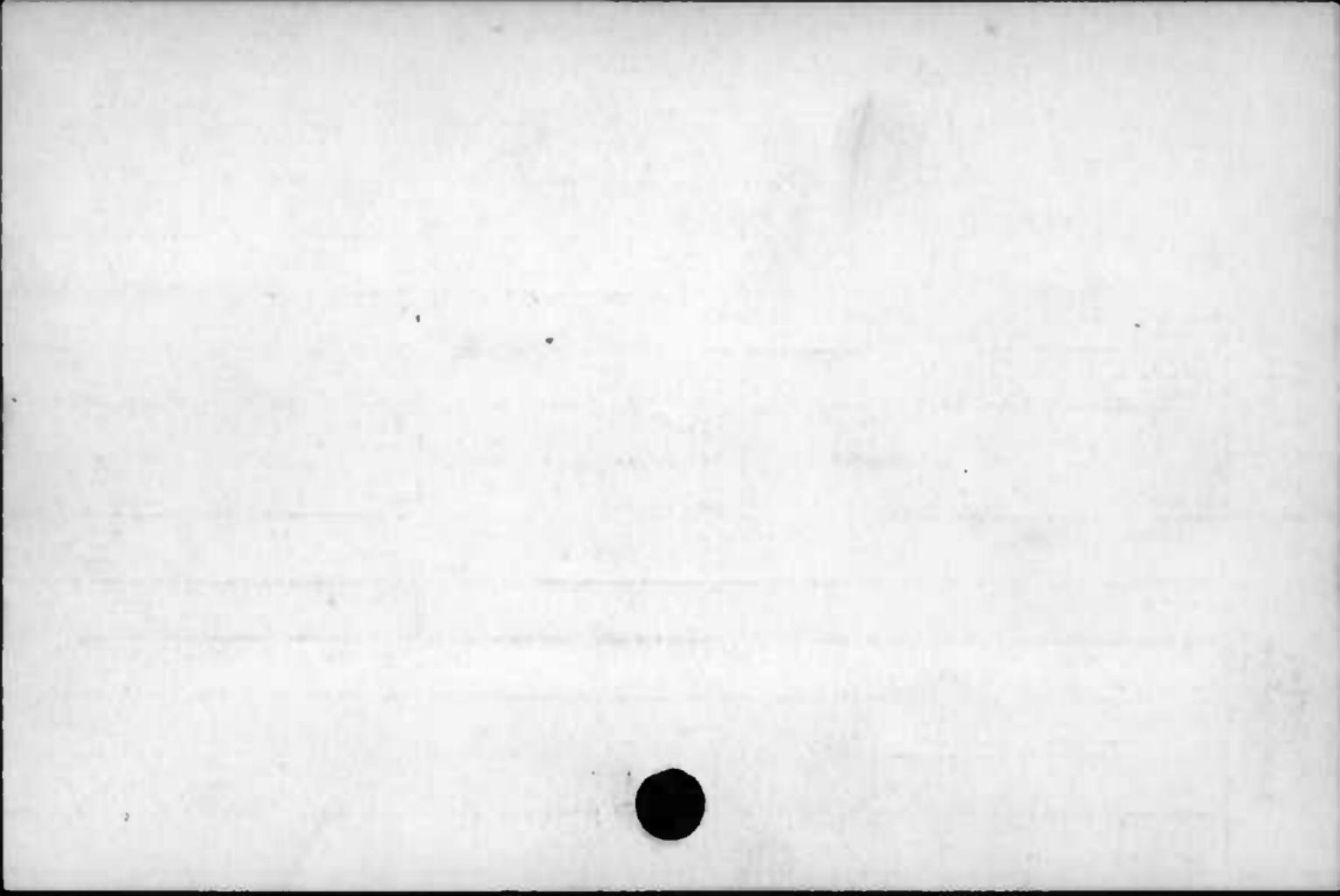
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Date of death	1906	Month ago	Day 27	Years 30.	Months -	Days -
Sex	male	Color or Race	White	Birth-place	Hungary	
Occupation	Laborer	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Berkely Spring			
Father's Name	—		Father's Birthplace			
Mother's Maiden Name	—		Mother's Birthplace			
Name of person giving information	Henry Freedman.		How related to deceased			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	72	How long
	Petrous Epizicaria		2 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	W. G. Noble M.D.	
LOUIS STEIN.	Address	Granville	
Accident or Suicide?	Berkely Spring, Md.	9-9-2	



Name
in
Full

Charles David Yates

CERTIFICATE OF DEATH

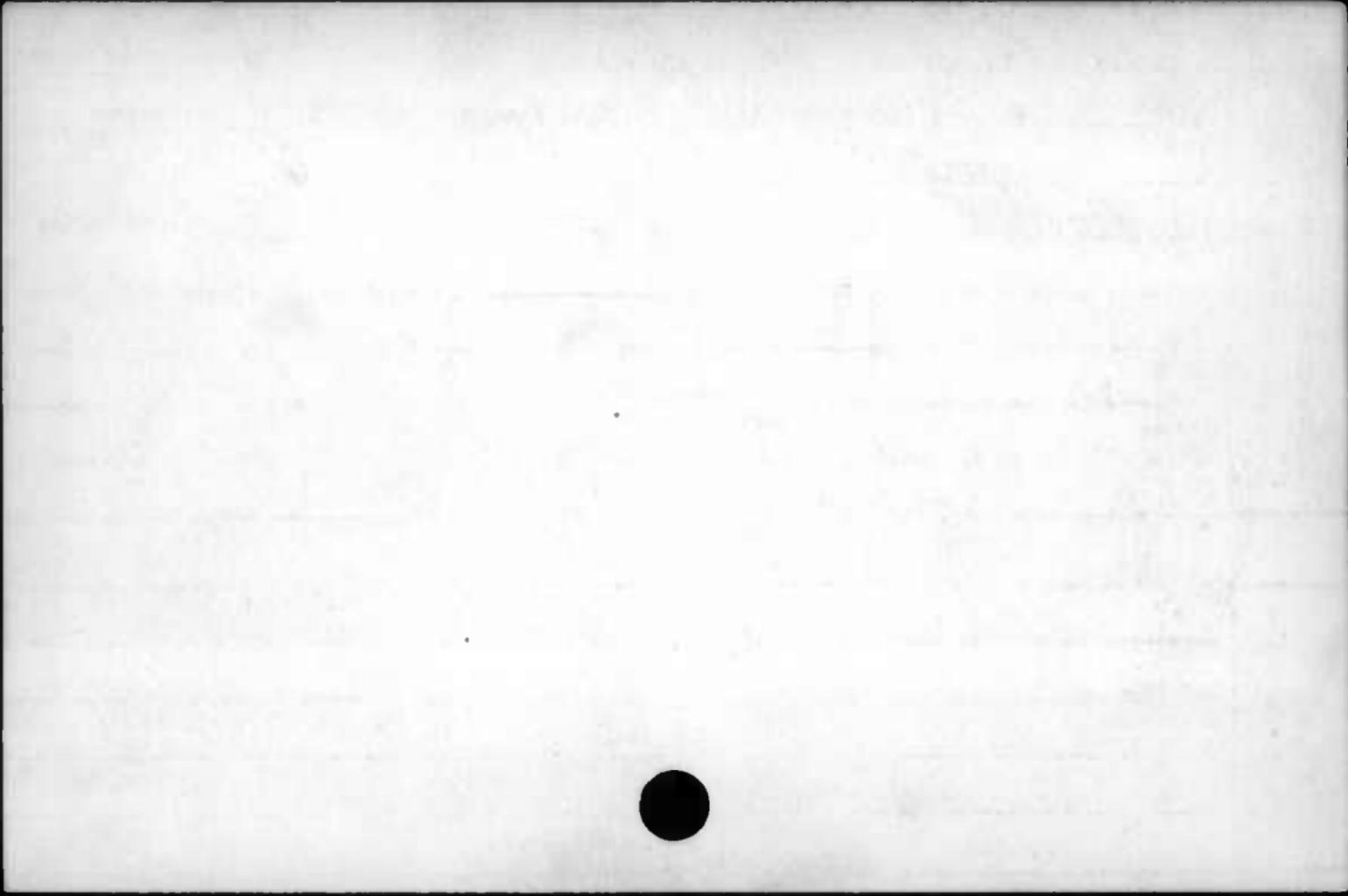
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months
1906	April	5	Age
Sex	Color or Race	Birth-place	Days
Male	Leibid	Cumberland	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
	Edward	Edward	Cumb
Mother's Maiden Name	Yentzied Friedman	Mother's Birthplace	"
Name of person giving information	Edward Yates	How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	(93)	How long
Immediate	Heart failure		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
yes		Surgeon General 25 W. Liberty St.	
Accident or Suicide?			



Name
in
Full

Jas Gibbs

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	20.	—	—
Occupation	Where Residing if not place of death				
Married, Single or Widowed	Name of Wife or Husband	—			
Father's Name	—				
Mother's Maiden Name	—				
Name of person giving information	154				

CAUSES OF DEATH

Primary *Old Age & General Debility* How long
Exhaustion How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

LOUIS STEIN.

Dr. W. F. Twiggs
Cumberland
Md.

Accident or Suicide?



Name
in
Full

William H. Green

CERTIFICATE OF DEATH

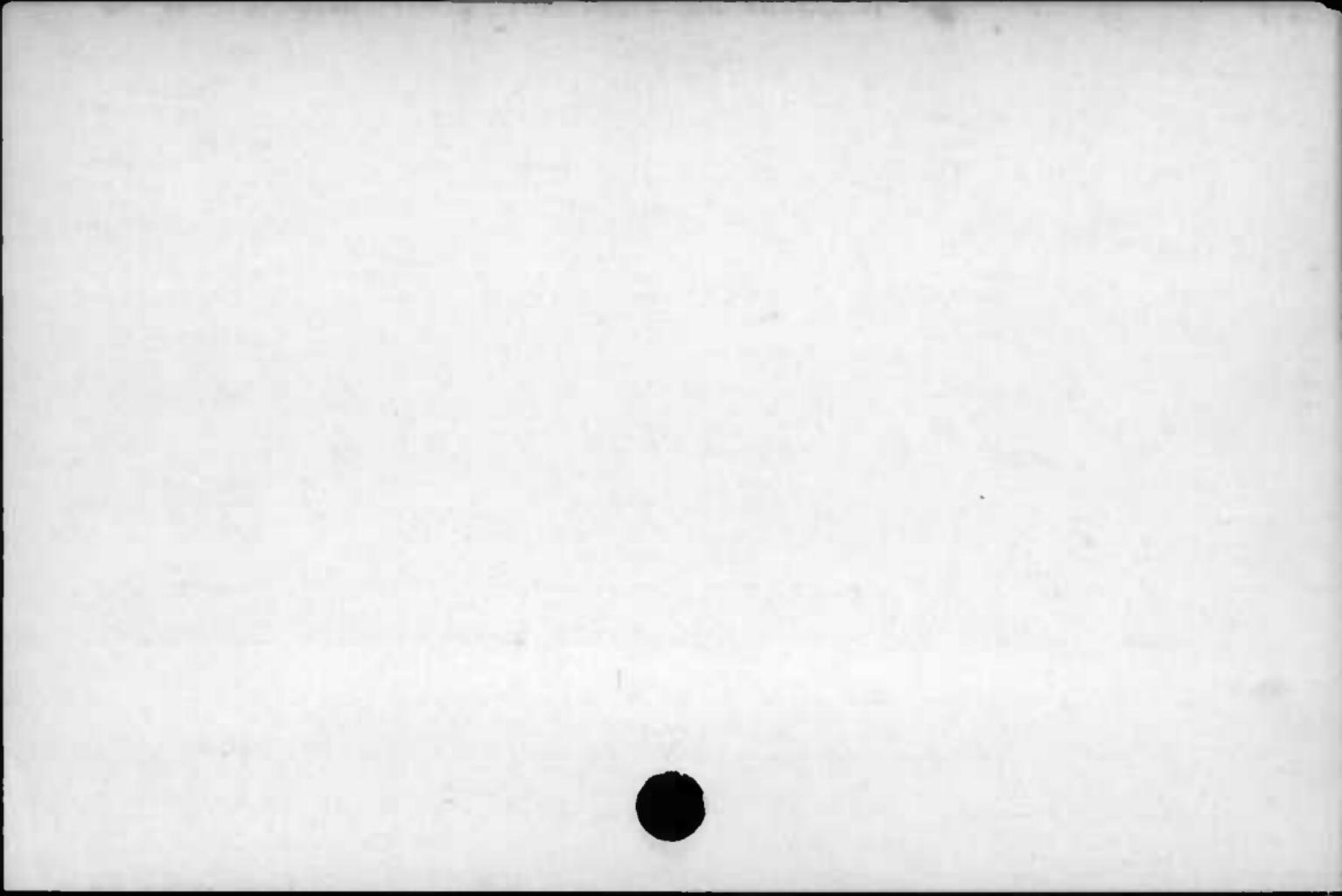
To BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND		
Died at	Moscow Mills	Allegany	Months	Days
Date of death	1906	Month April	Day 1	Years 5-3
Sex	Male	Color or Race	White	Birth-place
Occupation	Merchant	Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife - Husband	Susan Poland	Father's Birthplace
Father's Name	Robert Green, Sr.	Moscow Mills		
Mother's Maiden Name	Isabella Whiteside	Mother's Birthplace		
Name of person giving information	Mrs. I. M. J. Green (29)	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Pneumonia (tuberculosis)	How long	Six months,
Immediate	drenition	How long	Five weeks,
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. B. Skilling MD
		Address	Lorincourt
Accident or Suicide?	no		



Name
in
Full

Dorothy Groves.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u>		Town	County <u>allegany</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>april</u>	Day <u>6</u>	Age <u>—</u>	Years <u>—</u>	Weeks <u>3</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Cumberland</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>George Groves</u>	Father's Birthplace <u>Cumberland</u>					
Mother's Maiden Name <u>Louisa Danstorn</u>	Mother's Birthplace <u>W. Va</u>					
Name of person giving information <u>George Groves -</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

Primary <u>Empyema</u>	<u>18</u>	How long <u>1 week</u>
Immediate <u>Cold spine</u>		How long <u>last night</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. D. Jackson</u>	Address <u>Foghtown</u>
Accident or Suicide?		

PHYSICIAN
OR CORONER



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Josephine Hoepfick

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months
1906	Apr	24	Age
Sex	Color or Race	Where Residing if not at place of death	Days
Female	White	-	19
Occupation			
Married, Single or Widowed	Name of Wife or Husband	-	
Single	-		
Father's Name	Louis Hoepfick		
Mother's Maiden Name	Katie Donagon		
Name of person giving information	Louis Hoepfick		
Father's Birthplace	Eckhardt Md		
Mother's Birthplace	Rawlings Md		
How related to deceased	Father		

CAUSES OF DEATH

Primary

Paralysis



How long

11 months.

Immediate

Exhalation

How long

Several days.

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

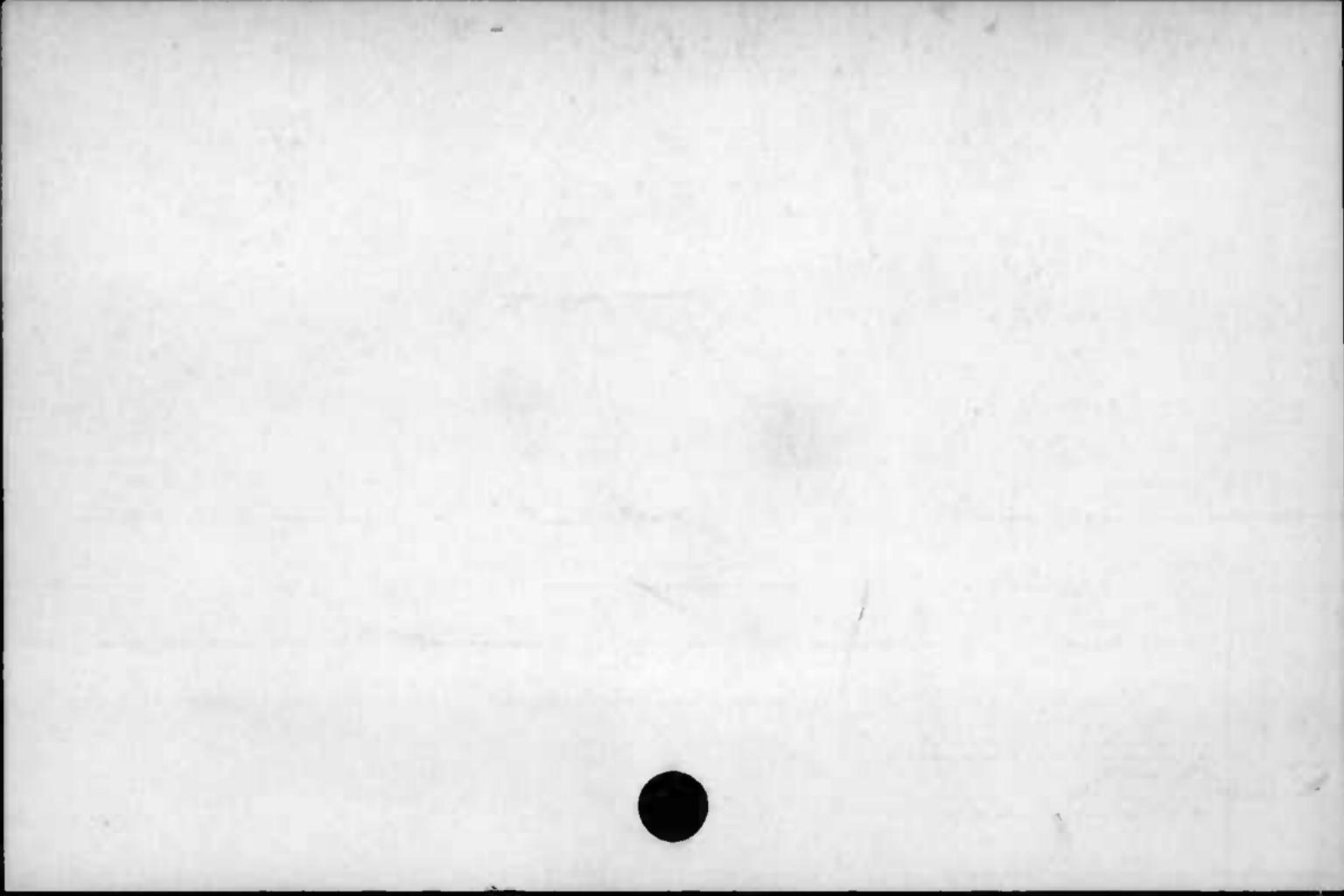
Address

Edward Harris

Cumberland

Md.

Accident or Suicide? No



Name
in
Full

Wm. Virginia Lee Johnston

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
1906	Apr	6	Age 70
Sex	Color or Race	white	Birth-place
Female			Duffield's
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Wm. Johnston	Garrison
Widow			
Father's Name		Father's Birthplace	England
Mother's Maiden Name	Miss Washington	Mother's Birthplace	N. S.
Name of person giving information	E.R. Johnston	How related to deceased	Son

CAUSES OF DEATH

Primary: Arterial hemorrhage (6) How long: 3 days

Immediate: - How long: -

Are the name, age, sex, color, date and place correctly given above?

yes

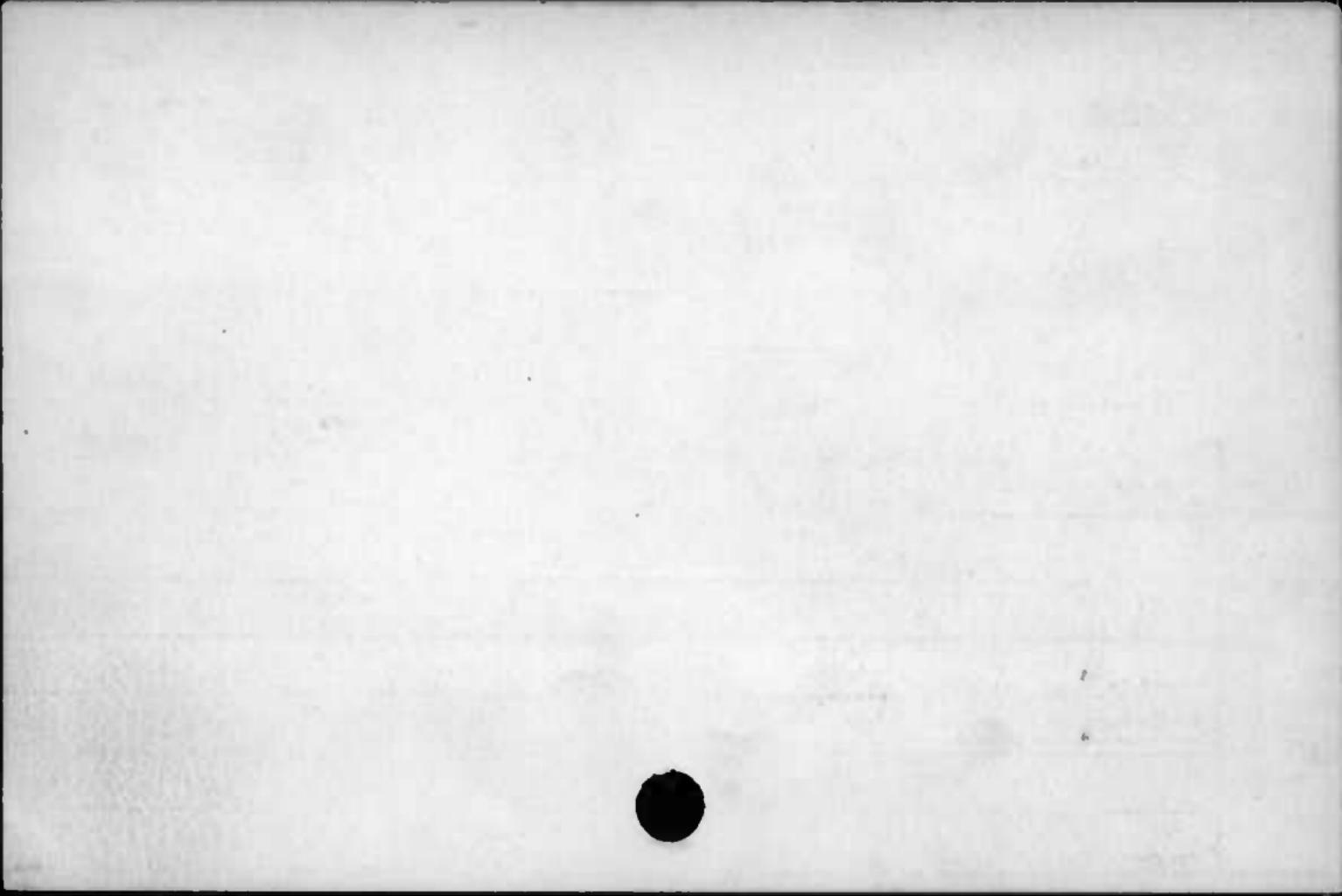
Signature of Physician

Address

W.W. Witty.
Garrison, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

William Kelly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Borden Shaft			County	allegany	
Date of death	Month	Day	Age	Years	Munths	Days
Died at 1906	April	27	50			
Sex male	Color or Race	white			Birth-place	Perry
Occupation miner	Where Residing if not at place of death			—		
Married, Single or Widowed single	Name of Wife or Husband	—			Father's Birthplace	Golds
Father's Name Peter Kelly	—			Mother's Birthplace	Jed.	
Mother's Maiden Name Anna Kelly	(108)			How related to deceased	bro-in-law	
Name of person giving information John Park						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Shock - following receipt	How long	10 hours
Immediate	of dangerous gutt	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. A. Oliver
		Address	
Accident or Suicide?			

GOM.

Name
in
Full

Francis Xavier Laing

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Turned		allegany			
Date of death	1906	Month apr	Day 7	Years 59	Months 4	Days
Sex	Male	Color or Race	White		Birth-place	Cumberland
Occupation	Watchman		Where Residing if not at place of death		—	
Married, Single or Widowed	Mariid	Name of Wife or Husband	Cathrine		Father's Birthplace	
Father's Name	mr		(16)		Mother's Birthplace	
Mother's Maiden Name	mr				How related to deceased	Son
Name of person giving information	Francis Joseph Laing					

CAUSES OF DEATH

Primary	Chronic Nephritis. Foot Legs		How long nephritis 2 years Foot legs 3 days
Immediate	Uremia		How long 3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. B. Leeaywood MD
Yes.		Address	Cumberland Md
LOUIS STEIN.			
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Perry Larue

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	—	
Father's Name	John Larue		
Mother's Maiden Name	Larue		
Name of person giving Information	Chas. Larue		
CAUSES OF DEATH			
Primary	Lindley	—	54
Immediate	Exhaustion		

Signature of Physician

Address

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Si 70

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Mrs. James P. Lee				CERTIFICATE OF DEATH			
Town	County			MARYLAND			
Died at	Lonaconing Allegany						
Date of death	Month	Day	Years	Age	Years	Months	Days
of death 190	to April	12	61	61	7	7	—
Sex	Female	Color or Race	White	Birthplace	Scotland		
Occupation	Housewife			Where Residing if not at place of death	James P. Lee (deceased)		
Married, Single or Widowed	Coldwood	Name of W. Husband	—			Father's Birthplace	—
Father's Name	—			Mother's Birthplace	—		
Mother's Maiden Name	—			How related to deceased	Son,		
Name of person giving information	Tom Lee			(41)			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Percussion of Cancer

How long

One year

Immediate

Inflammation

How long

About two months

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

13 Skilling M.D.
Lonaconing

Accident or Suicide?

no



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Anna Elizabeth Lemmer				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death	Month	Day	Year	Months		Days	
1906	Apr	27	18	1		21	
Sex	Femal	Color or Race	White	Birth- place	Germany		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	George J. Lemmer				
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information	Henry Lemmer			How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute indigestion
Exhaustion

How long

8 hours

Immediate

104

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. C. Cobey
Shortsville, Pa.

Accident or Suicide?

No

G. Lang E. Meyer

Percy Cemetery

Name
in
Full

James McAlister

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at	Brookings	County	MARYLAND							
Date of death	1906	Month	4	Day	5	Years	64	Months	-	Days
Sex	male	Color or Race	Caucasian	Birth- place	Ireland					
Occupation	Miner	Where Residing If not at place of death								
Married, Single or Widowed	married	Name of Wife or Husband	Wm McAlister	Father's Name	John McAlister	Father's Birthplace	Ireland			
Mother's Maiden Name	Alice McAlister	Mother's Birthplace	Ireland							
Name of person giving Information	John McAlister	How related to deceased	Son							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

(93)

How long

1 wk-

Immediate

4

How long

1 wk

Are the name, age, sex, color, date
and place correctly given above?

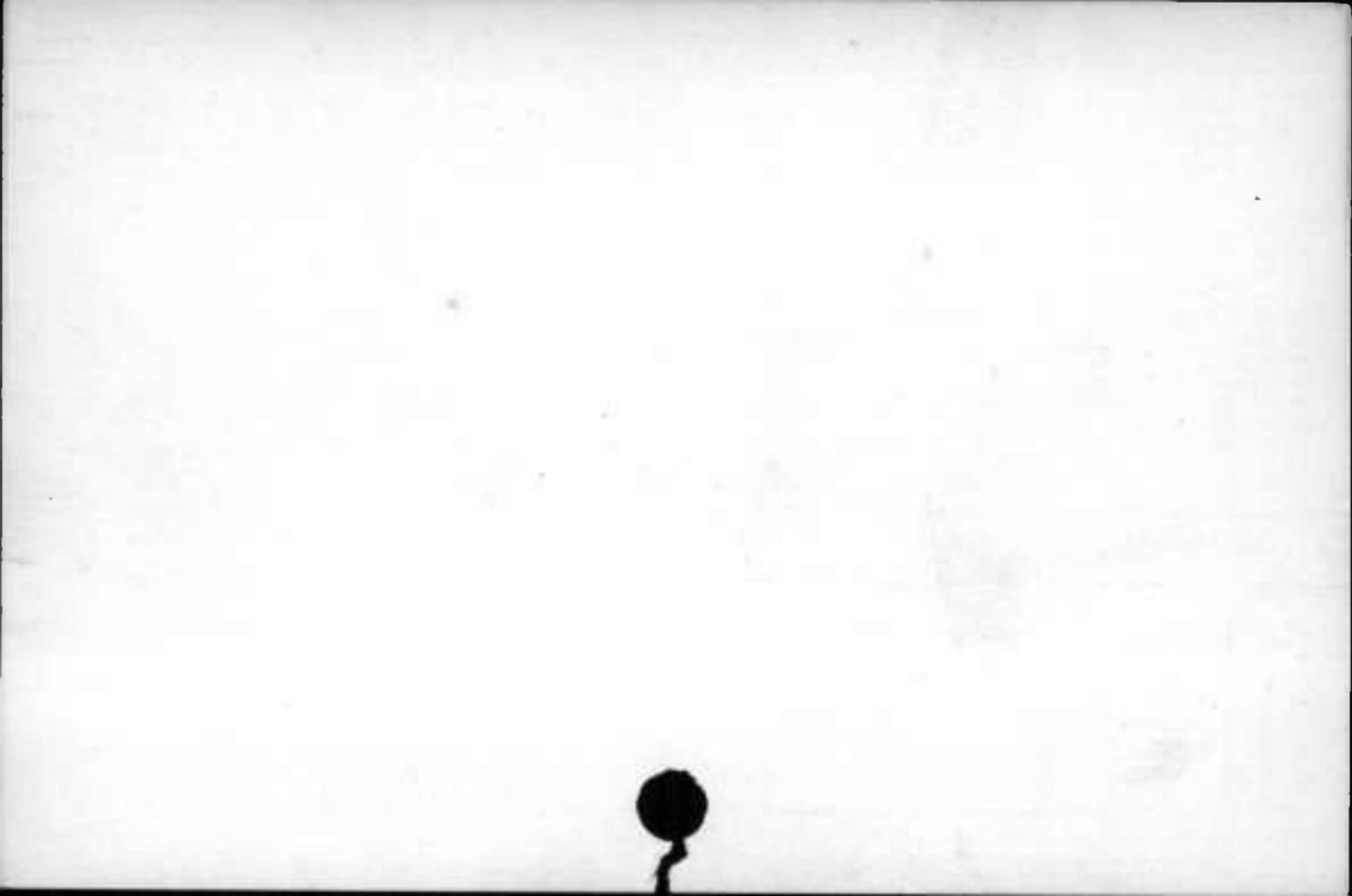
yes

Signature of
Physician

J. DeMauley
Brookings 6
Ad

Address

Accident or Suicide?



Name
in
Full

L. J. McGowen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			
Allegany Hosptl	Cumberland, Allegany Co.	MARYLAND			
Date of death 1906	Month 4	Day 16	Years 21	Months	Days
Sex Male	Color or Race White	Birth-place Sideling Hill			
Occupation Game Keeper	Where Residing if not at place of death Linburg, W Va				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name James McGowen	Father's Birthplace St Johnsbury				
Mother's Maiden Name Etta Fitzpatrick	Mother's Birthplace St Caepon				
Name of person giving information Etta Fitzpatrick	How related to deceased Mother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Accident, struck by train

How long



Immediate

Shock following accident

How long

14 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

H. L. Shultz M.D.

Address

Cumberland, Md

Accident or Suicide?



Name
in
Full

Stanley Earl Miller

CERTIFICATE OF DEATH

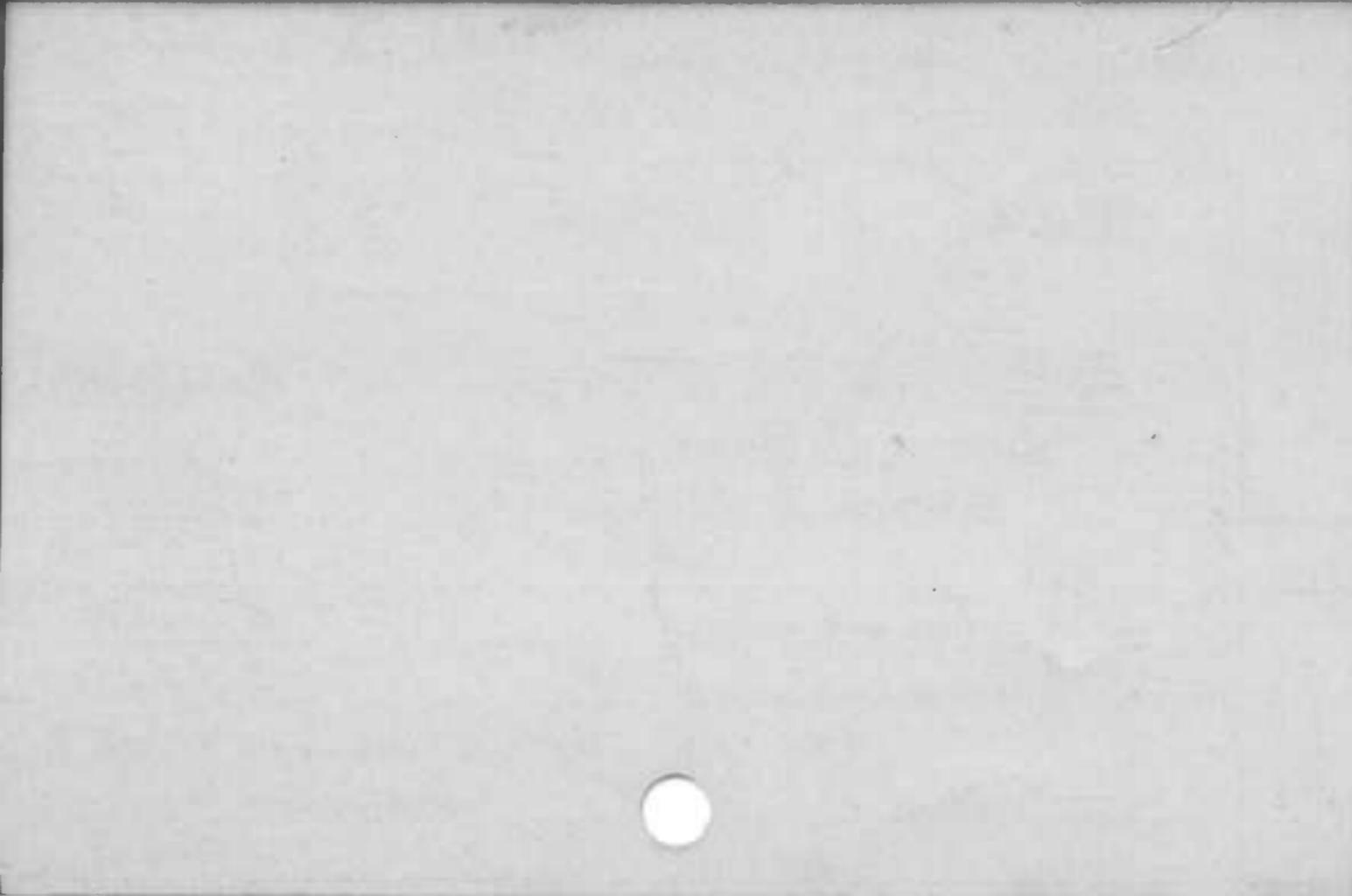
To BE ANSWERED BY
NEAREST FRIEND

Town	County					
Died at Bumford	Month apr	Day 17	Years 8 -	Months 5	Days	
Date of death 1906	Age	Color or Race	White	Birth-place	W. Va	
Sex male	Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	—				
Father's Name	Lee Miller	Father's Birthplace W. Va				
Mother's Maiden Name	Katie Hoffman	60	Mother's Birthplace Ohio			
Name of person giving information	Katie Miller	How related to deceased Mother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright Disease, following Spurious Fever		How long
Immediate	Brain Fever.		7 Weeks
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	Address
S. S. Stein;		F. L. Beckdall M.D. Bumford	
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

James Louis Mitchell

CERTIFICATE OF DEATH

MARYLAND

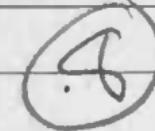
Died at	Towson		County		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Towson
Occupation	—		Where Residing If not at place of death	—	
Married, Single or Widowed	—		Name of Wife or Husband	—	
Father's Name	Edwin Mitchell		Father's Birthplace	Towson	
Mother's Maiden Name	Grace E Hughes		Mother's Birthplace	"	
Name of person giving information	Grace E Mitchell		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pertussis



How long

1 week

Immediate

Convulsions

How long

3 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr J. B. Brown Jr.

Arlington

Md

LOUIS STEIN,

Accident or Suicide?

No



Name
in
Full

John Joseph Muller

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month Apr.	Day 19	Years 37	Months 8	Days 11
Sex	Male	Color or Race	White	Birth-place	Cumberland	
Occupation	Tinner.			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	—			Father's Birthplace		
Mother's Maiden Name	Cathrine Theresa Petrie			Mother's Birthplace Cumb'd		
Name of person giving information	Ambrose Muller			How related to deceased Brother		

PHYSICIAN
OR CORONER



Primary

Consumption

(2)

How long

2 yrs

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr Geo L Carder
East Cumberland
Md.

LOUIS STEIN,

Accident or Suicide?

{

!

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH					
Died at		Town	County	MARYLAND	
Date of death 1906	Month 4	Day 10	Years —	Months —	Days 2
Sex female	Color or Race white	Occupation —	Birth-place Westminst		
Married, Single or Widowed —					
Name of Wife or Husband —					
Father's Name Frank Metz			Father's Birthplace —		
Mother's Maiden Name —			Mother's Birthplace —		
Name of person giving Information Frank Metz			How related to deceased father		
CAUSES OF DEATH					
Primary Premature Birth			How long 26 days		
Immediate ✓			How long 9 days		
Are the name, age, sex, color, date and place correctly given above? yes.	Signature of Physician J. L. Gibbons		Address Piedmont St. 100		
Accident or Suicide?					



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

~~Patrick O'Donnell~~

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Died at	Cumberland	Allegany	
Date of death	Month	Day	Years
1906	apr.	19	—
Age	Months	Days	
Sex	Color or Race	Birth-place	
Male	White	Cumberland	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	—	
Father's Name	Patrick O'Donnell - Sr		
Mother's Maiden Name	Kira Divine		
Name of person giving information	Patrick O'Donnell		
Father's Birthplace	Ireland		
Mother's Birthplace	Ireland		
How related to deceased	Father		

CAUSES OF DEATH

Primary

Stillborn

3

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

(Yes)

Signature of Physician

Address

Dr. Jas. T. Johnson
Cumberland
Md.

Accident or Suicide?

LOUIS STEIN



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Inf. R. L. Patterson

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1906 Apr.

13

Age

Sex

Color or
Race

White

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Single

R. L. Patterson

Father's
Birthplace

Bedford Pa

Mother's
Maiden Name

Mary C. Diggs

Mother's
Birthplace

Name of person giving
Information

R. L. Patterson

How related
to deceased

Father.

CAUSES OF DEATH

Primary

(N/A)

How long

Immediate

Heart affection

How long

Are the name, age, sex, color, date
and place correctly given above?

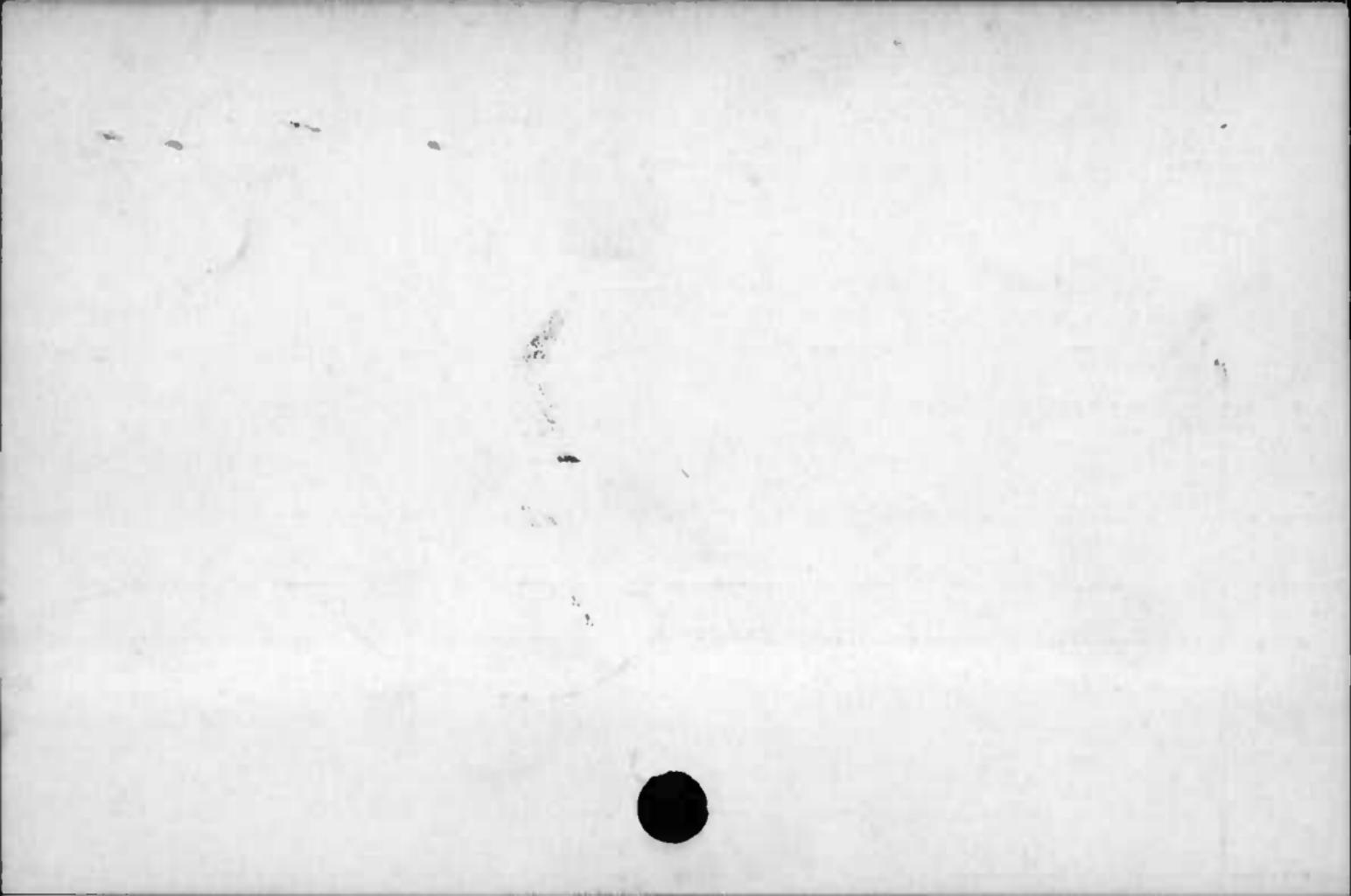
yes

Signature of
Physician

Address

Thos. H. Korn
Korn

Accident or Suicide? **I MURIS STEIN.**



Name
in
Full

John H. Perry.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month apr	Day 28	Years 84	Months 2	Days 23
Sex	male	Color or Race	White	Birth-place England.		
Occupation	retired Merchant.			Where Residing if not at place of death	-	
Married, Single or Widowed	Widower	Name of Wife or Husband	-			
Father's Name	-			Father's Birthplace		
Mother's Maiden Name	-			Mother's Birthplace		
Name of person giving information	Henry Perry			How related to deceased	Son.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic Bronchitis

(91)

How long

several years

Immediate exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

G. H. Jackson

Address

Do. Fogden

Accident or Suicide?



Name
in
Full

Richard Porslone

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at Frostburg		Town	County Allegany		MARYLAND	
Date of death 1906	Month 4	Day 24	Age 4 2	Years 4	Months	Days
Sex male	Color or Race white			Birth-place Md		
Occupation Miner	Where Residing if not at place of death					
Married, Single or Widowed Single	Name of Wife or Husband —					
Father's Name Joseph Porslone				Father's Birthplace Md		
Mother's Maiden Name Rachael Omolka				Mother's Birthplace Md		
Name of person giving Information Timothy Bour				How related to deceased Brother-in-Law		

CAUSES OF DEATH

Primary

Carcinoma Stomach

How long

2 years**40**

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

J. B. Co
alley Can

Name
in
Full

John M. Rank

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Cumld.</u>		County <u>allegany</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Apr.</u>	Day <u>5</u>	Years <u>55</u>	Months <u>5</u>	Days <u>5</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Cumld.</u>			
Occupation <u>Bricklayer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married.</u>	Name of Wife or Husband <u>Elizabeth Rank</u>				
Father's Name <u> </u>	Father's Birthplace				
Mother's Maiden Name <u> </u>	Mother's Birthplace				
Name of person giving information <u>Elizabeth Rank</u>	How related to deceased <u>Wife</u>				

CAUSES OF DEATH

Primary

How long

JH terminal

Immediate

How long

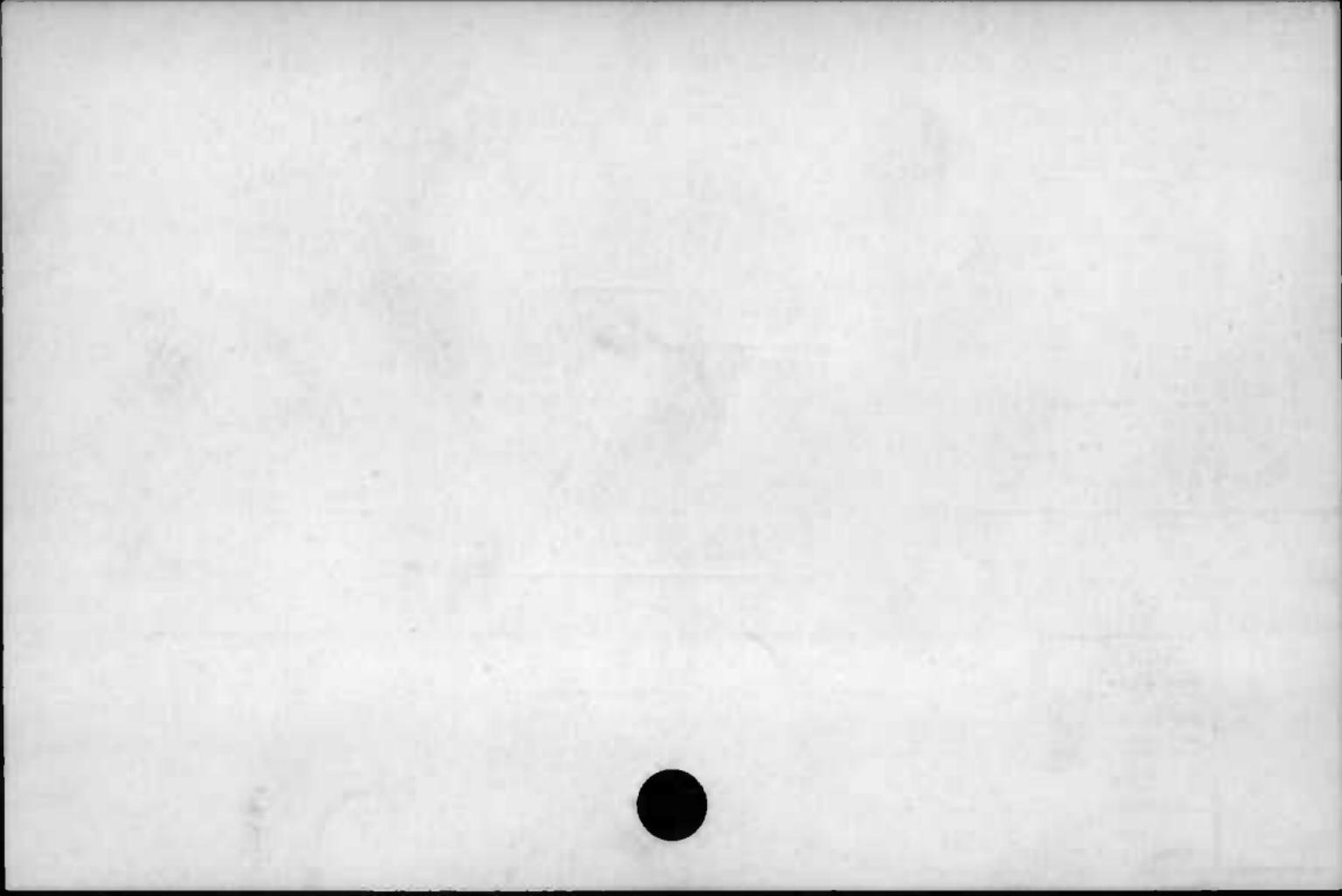
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

LOUIS STEIN.

Accident or Suicide?



Name
in
Full

Virginia Reed

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
1906	April	36	-
Age	Color or Race	Birth-place	Berkeley Spring W. Va.
Sex	Fernando	White	
Occupation	Sister	Where Residing If not at place of death	
Married, Single or Widowed	married	Name _____ Husband	Quintus Reed
Father's Name	—	Father's Birthplace	
Mother's Maiden Name	Rebecca Snyder	Mother's Birthplace	Hershfield Co Md.
Name of person giving Information	Quintus Reed	How related to deceased	Husband

CAUSES OF DEATH

Primary

Gallstones.

(13)

How long

7 yrs.

Immediate

Acute Cholangitis

How long

2 ds.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr. E. B. Claybrooke

Cumberland
Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

LOUIS STEIN.



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Espay Jacob Ritter

Town

County

MARYLAND

Died at Cumberland

Accompany

Date

Month

Day

Years

Months

Days

of death

1906

april

13

Age

3

-

Sex

Male

Color or
Race

White

Birth-
place

Cumberland

Occupation

-

Where Residing if not
at place of death

-

Married, Single
or Widowed

-

Name of Wife or
Husband

-

Father's
Name

Jacob Ritter

Father's
Birthplace

Cumberland

Mother's
Maiden Name

Hollie Weeks.

Mother's
Birthplace

"

Name of person giving
Information

Hollie Ritter

How related
to deceased

Mother

28

CAUSES OF DEATH

Primary

Cerebro Spinal Meningitis Tuberculosis.

How long

3 weeks.

Immediate

"

"

How long

Are the name, age, sex, color, date
and place correctly given above?

Yrs

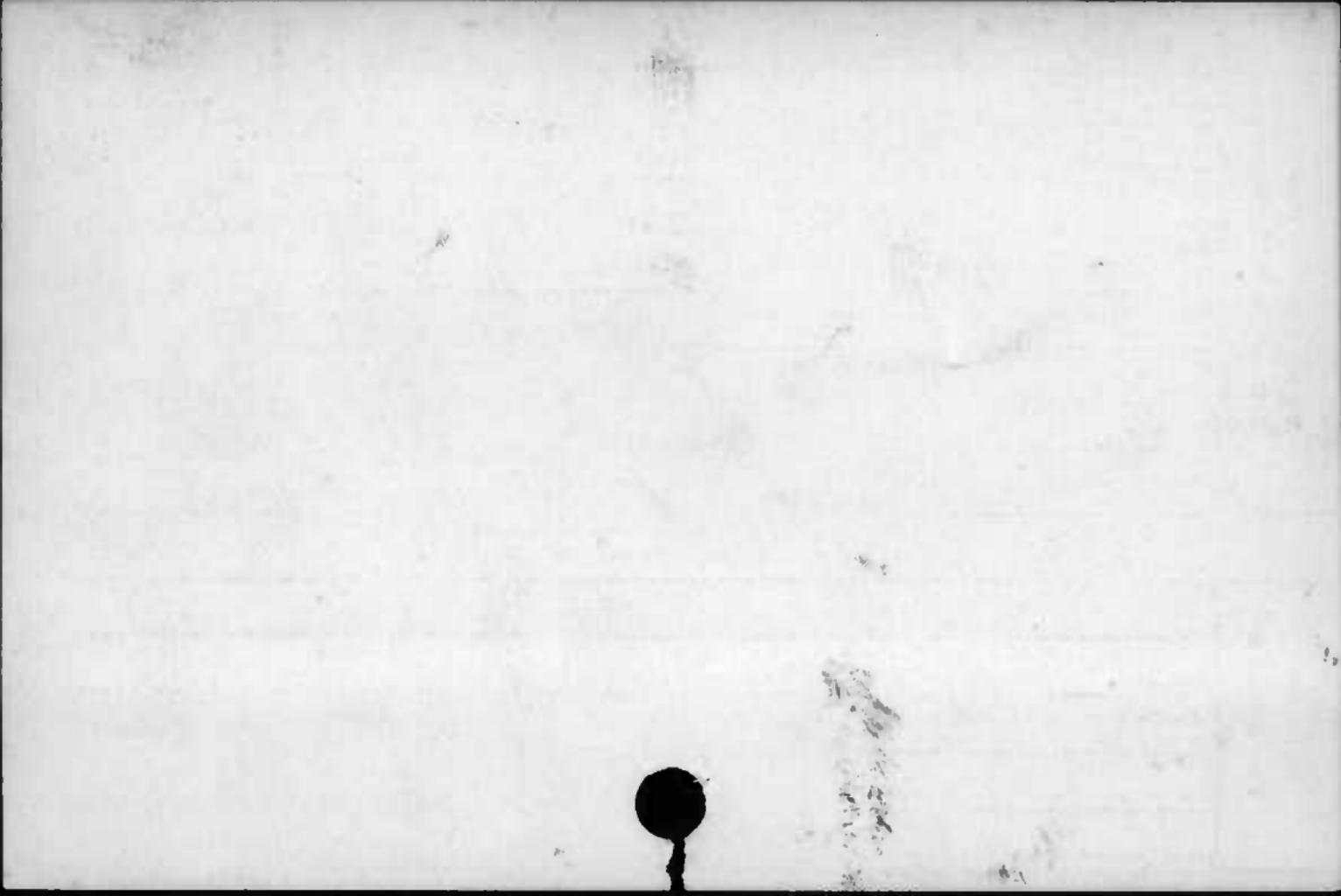
Signature of
Physician

Address

A.S.Hawkins
Cerambulean
Md.

LOUIS ST. LN.

Accident or Suicide?



Name
in
Full

John Rogers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Sonacoming		Allegany			
Date of death	Month	Day	Years	Months	Days
1906	April	30	Age 23	9	13
Sex	Male	Color or Race	white	Birth-place	Sonacoming
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Spouse	—				
Father's Name	Bernard Rodgers				
Mother's Maiden Name	Mary Rodgers				
Name of person giving information	Mary Rodgers 164				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Killed - Struck by locomotive	How long	not at all
Immediate	2 depressed fracture of skull	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	James O. Bullock
yes		Address	Sonacoming all?
Accident or Suicide?			



Name
in
Full

Mary Taylor

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	apr	27	Age	72	-
Sex	Female	Color or Race	White	Birth-place	Pa
Occupation	Wife	Where Residing if not at place of death —			
Married, Single or Widowed	Married	Name of Father or Husband	Jeremiah		
Father's Name	—	Father's Birthplace			
Mother's Maiden Name	—	Mother's Birthplace			
Name of person giving information	Jeremiah Taylor				
How related to deceased Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Embolus	(82)	How long	8 days
Immediate	Coughing	(82)	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Edward Harris	
LOUIS STEIN.		Address	Cumberland Maryland	
Accident or Suicide?				

E. chlora
6 m. Dogtooth

Name
in
Full

Maria Trimb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 1906	Month April	Day 13	Years 84	Months 4	Days
Sex Female	Color or Race White	Birth-place England			
Married, Single or Widowed Widow	Occupation Housewife				
Name of Wife or Husband Jos A Trimb					
Father's Name Evans	Father's Birthplace England				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Smiley - Exhaustion		154	How long
Immediate				How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	F. Alan G. Murray	
		Address	Mt Savage Md	
Accident or Suicide?				



Name
in
Full

Grisipe Valenzise.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County	
Died at	Accompany	
Date of death 1906	Month 04	Day 13
Age about 60	Years	Months
Sex Male	Color or Race White	Days
Occupation Laborer at Auto Shop	Where Residing if not place of death Cumberland	
Married, Single or Widowed	Name of Wife or Husband	
Father's Name	Father's Birthplace	
Mother's Maiden Name	Mother's Birthplace	
Name of person giving Information	How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Killed in Auto Shop, by wheel, face, one blow

How long

Are the name, age, sex, color, date
and place correctly given above?

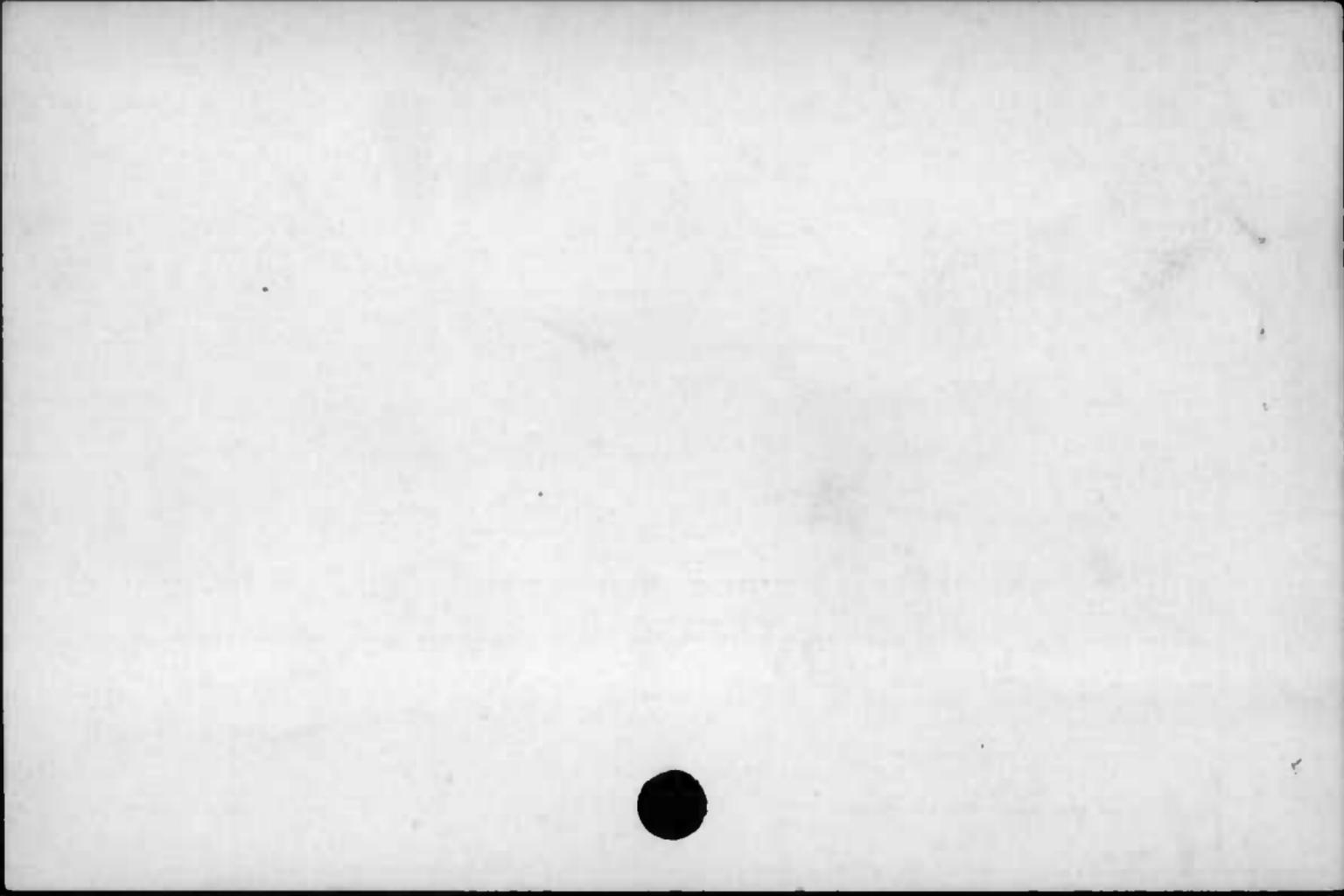
Signature of
Physician

Address

H. W. Marshall, A.C. Coroner

Cumberland, Md.

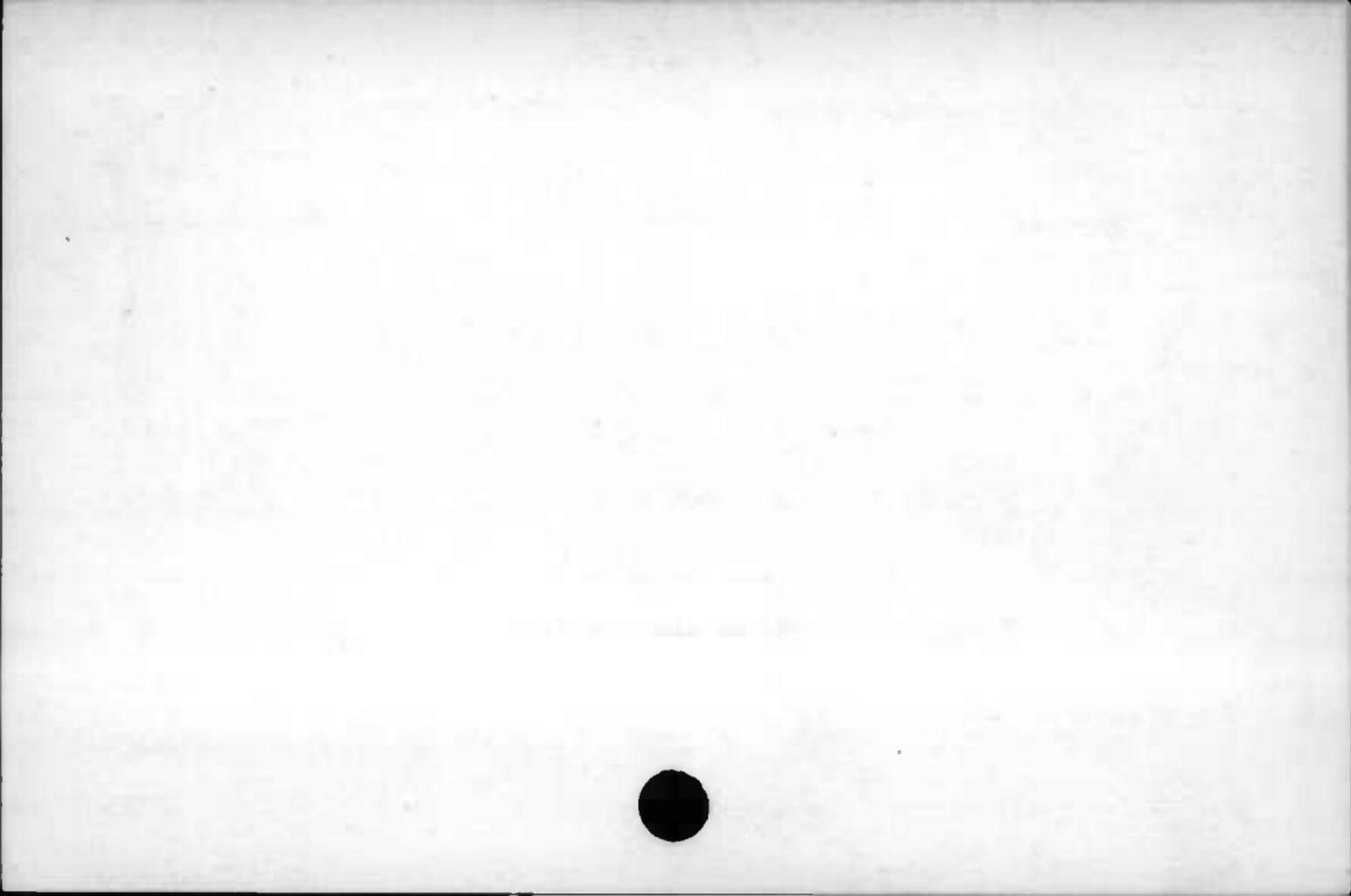
Accident or Suicide?



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

TO BE ANSWERED BY NEAREST FRIEND	Town	County	MARYLAND		
	Died at <u>Hornbrook</u>	Sleeping	Months	Days	
Date of death <u>1906 Apr. 14</u>	Day <u>14</u>	Years			
Age <u>15</u>					
Sex <u>Female</u>	Color or Race <u>Italian</u>	Birth-place <u>Hornbrook, Md.</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Joseph Riza</u>				
Mother's Maiden Name	<u>Lisella Gravina</u>				
Name of person giving information	<u>Jos. Riza</u>				
CAUSES OF DEATH					
Primary	<u>Placenta Praevia</u>			(52)	How long
Immediate	<u>Effluxia</u>				How long <u>few minutes</u>
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
			Address		
PHYSICIAN OR CORONER	<u>Edward Daubler</u>				
	<u>Mr. Magr. M.D.</u>				
Accident or Suicide?					



Name
in
Full

James A Westbrook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Burndale</u>		Town	County <u>allegany</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>april.</u>	Day <u>5</u>	Age <u>84</u>	Years	Months <u>-</u>	Days <u>24</u>
Sex <u>Male</u>	Color or Race	<u>White</u>		Birth-place	<u>Huntington Pa</u>	
Occupation <u>Retired</u>				Where Residing if not at place of death	<u>-</u>	
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband		<u>Susan</u>		Father's Birthplace	
Father's Name	<u>-</u>			Mother's Birthplace		
Mother's Maiden Name	<u>-</u>			How related to deceased	<u>Son</u>	
Name of person giving information	<u>Mr Westbrook</u>			How long	<u>4 weeks</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cerebral Embolism (82) How long 4 weeks
Immediate cerebral Softening How long -

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. Bleasdale MD
Flagstaff Arizona

Accident or Suicide?



Name
in
Full

Sarah Whalley

CERTIFICATE OF DEATH

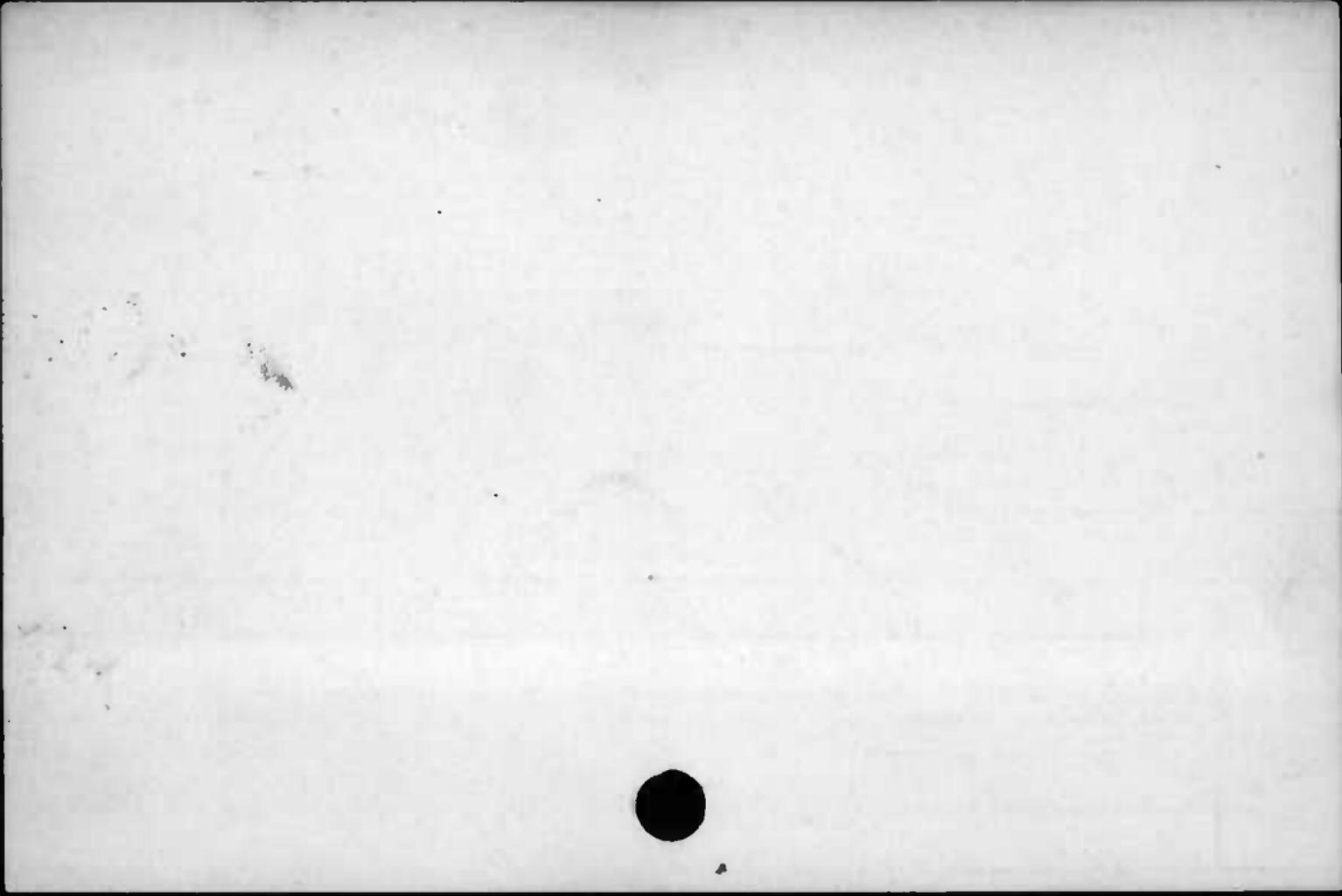
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Burned</u>		Town	County <u>Allegany</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>apr</u>	Day <u>14</u>	Age <u>69</u>	Years	Months <u>3</u>	Days <u>22</u>	
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>England</u>			
Occupation <u>Wife</u>	Where Residing if not at place of death			—			
Married, Single or Widowed <u>married</u>	Name of W or Husband <u>John C Whalley</u>						
Father's Name <u>—</u>				Father's Birthplace			
Mother's Maiden Name <u>—</u>				Mother's Birthplace			
Name of person giving information <u>John C Whalley</u>				How related to deceased	<u>Husband</u>		

CAUSES OF DEATH

Primary <u>Cancer of Bowel.</u>	(<u>41</u>)	How long <u>18 M.</u>
Immediate <u>Exhaustion</u>		How long <u>10 days.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>F. L. Barkdole, M.D.</u>	
<u>LOUIS STEIN.</u>	Address <u>Ridderland</u>	<u>Md.</u>
Accident or Suicide?		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Edward Vinney						CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND					
Date of death	Month	Day	Age	Years	Months	Days		
Sex	Male -	Color or Race	White				Frederick	
Occupation	Miner -		Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Margaret Mulaney		Father's Birthplace	Hollifield		
Father's Name	Joseph Vinney				Mother's Birthplace	Saxony		
Mother's Maiden Name	Cecilia Zacharias				How related to deceased	Son		
Name of person giving information	Chas. Vinney							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Grippe & pneumonia

(10)

Three m. or days

Immediate

Heart Failure -

How long

1/2 hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. O. Cobey
Frederick Md.

Accident or Suicide?

No -

7900

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Louis H. Young

Town

County

Died at Cumberland.

MARYLAND

Died at

Month

Day

Years

Months

Days

Date
of death

1906

Apr

12

Age

60

7

-

Sex

Male

Color or
Race

White

Birth-
place

Baltimore Md

Occupation

Street Superintendent

Where Residing If not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Margretie

PHYSICIAN
OR CORONER

Primary

Cerebral Hemorrhage

How long

Immediate

Paralysis

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
PhysicianDr J. J. Wilson
Cumberland
Md

LOUIS STEIN

Address

Accident or Suicide?

